

## Improving the availability of health research in languages other than English

In the July Editorial,<sup>1</sup> *The Lancet Global Health* looked back on its first 5 years of publication and suggested that it might “explore giving our diverse audience a chance to access our content in languages other than English” in the future. We applaud the aims of *The Lancet Global Health* to increase access to health research, news, and analysis in languages other than English. English is the common language of science, and yet, although estimates vary, only around 5% of the world’s population has English as a first language,<sup>2</sup> and one in five to one in 14 people are estimated to speak English as a second language (some of whom might not understand even basic English). These estimates include large numbers of health professionals, researchers, and policymakers who would benefit from access to research in a language they understand. Information comprehension is a prerequisite for developing sound health policies, doing research, and establishing fruitful linkages among health professionals at a global scale. Comprehension is also key to realising peoples’ right to health and universal health coverage, in particular for those who speak minority languages, as recognised in WHO’s platform for linguistic collaborations. Compounding factors include the poor reliability of machine translation tools and limited access to professional language support (ie, trained interpreters and translators) in health facilities.

The Healthcare Information For All (HIFA) expert working group on multilingualism has been leading debate around these issues on the HIFA discussion forums, which include more than 18 000 health professionals in 177 countries interacting in English, French, Portuguese, and (soon to be

launched) Spanish. The reality is that most health research is published only in English, and the considerable burden of translation is left to people with little access to professional language support or reliable machine translation tools.<sup>3</sup> This research includes most of the health research published in countries in which English is not an official language and in which most people who would benefit from the research cannot speak English. For example, a Medline search of health research relating to Portuguese-speaking Mozambique and Angola, while recognisedly biased to English because Medline only accepts papers in which at least the abstract is in English, identified 2553 papers relating to Mozambique, Angola, or both over the past 10 years (May, 2008, to May, 2018). The full text of 2553 of these papers is in English and only 39 are in Portuguese (2%). The percentage of English papers that provide an abstract in Portuguese is not known but we suspect is very few. If this assumption is correct, the vast majority of research from Mozambique is published in English only, without any content in Portuguese.

Discussions on the HIFA forum underline the importance and urgency of addressing language issues as a barrier to health information access. Specifically, we call on the medical journal publishing industry to take action to address this anomaly. The simplest first step would be for journals to make at least the abstract available in the main language or languages of the country in which the research was done. This requirement could be a stipulated condition of publication on the basis of research ethics grounds, to be done by the authors themselves (and checked if needed by the publisher). Many journals already publish at least the abstract in two or more languages (eg, the *Bulletin of the World Health Organization* provides abstracts of all papers in all six UN official languages).

A handful of journals publish the full text of papers in more than one language. This action is commendable but is resource-intensive and therefore unrealistic for widespread adoption unlike multilingual abstracts, which are economically viable and could lead to enhanced readership.

Different models will probably be considered by different publishers, depending on their budgets and audiences. The editors of *The Lancet Global Health* are right to look at multilingualism going forward. As a global journal for a diverse audience, this action is particularly important. HIFA is ready to work with *The Lancet Global Health* and others to create a world in which every person has access to the information they need in a language they understand to protect their own health and the health of those for whom they are responsible.

I declare no competing interests.

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**Neil Pakenham-Walsh, on behalf of the Healthcare Information For All working group on multilingualism**  
neil.pakenham-walsh@ghi-net.org

Global Healthcare Information Network, Chipping Norton OX7 3PN, UK

- 1 The Lancet Global Health. 5 years later. *Lancet Glob Health* 2018; **6**: e703.
- 2 Crystal D. Chapter 9: English worldwide. In Hogg R, Denison D, eds. *A history of the English language*. Cambridge, UK: Cambridge University Press, 2006: 420–439.
- 3 Patil S, Davies P. Use of Google Translate in medical communication: evaluation of accuracy. *BMJ* 2014; **349**: g7392.



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For WHO’s platform for linguistic collaborations see <http://www.who.int/servicedeliverysafety/areas/linguistic/en>

For Healthcare Information For All see [www.hifa.org](http://www.hifa.org)